

Washington State Medicaid EHR Incentive Program (eMIPP)

Eligible Professional (EP) Training Guide

2015-2017 Modified Stage 2 & Stage 2

2015-2016 AIU



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Steps for Eligible Professionals Applying for AIU and MU

Accessing eMIPP through ProviderOne:

Providers must attest to Adoption, Implementation of, Upgrading (AIU), to certified Electronic Health Records (EHR) technology, and to Meaningful Use (MU) within the eMIPP application to qualify for the EHR Incentive Payment.

- **Adoption:** Acquiring, purchasing, or securing access to certified EHR technology
- **Implementation:** Installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements
- **Upgrade:** Upgrading from existing EHR technology to certified EHR technology per the EHR certification criteria published by the ONC
- **Meaningful Use:** Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or

NOTE: Last year to enter the program is 2016.

After successfully completing your CMS registration

<https://ehrincentives.cms.gov/hitech/login.action> , you will need to apply for the EHR incentive payment with Washington State.

Log into ProviderOne using the logon information you received for the provider with the **Domain, Username, and Password.**

You will receive the above information from us in an automated email. If you do not receive them, within 3 days of submitting your CMS Registration, please contact our Security Department at provideronesecurity@hca.wa.gov from the email address that is listed as your contact on your CMS Registration.

Login to ProviderOne

ProviderOne Portal link <http://www.providerone.wa.gov/>

Domain:

Username:

Password:

Login

To Reset Password, Click here

If you are a Client, Click here

Creating new Session, Click here

Login Problems? Click here

The Department of Social and Health Services (DSHS) is an agency that helps people. We do this in partnerships with families, community groups, religious organizations, private providers, other government agencies, and the many thousands of generous foster parents, neighbors, and citizens who help us take care of each other.

DSHS is to improve the quality of life for individuals and families in need.

To deliver services to the people who need them, the department is divided into seven administrations:

- The Aging and Disability Services Administration (ADSA)
- The Children's Administration (CA)
- The Economic Services Administration (ESA)
- The Health and Recovery Services Administration (HRSA)
- The Juvenile Rehabilitation Administration (JRA)
- The Management Services Administration

Page ID:pgLogin(Login) Environment: UAT ID: waivewebapp05_5090 Server Time: 07/17/2013 03:03:44 PDT

- Enter the Individual Provider's **Domain**
- **Username**, and
- **Password**
- Click **Login**

Click on **External Links**

Start Provider Portal

waproviderone.org/ncams/CMSControlServlet

ProviderOne My Inbox

Kim, David Profile: EXT Provider ETRR Administrator

Notepad Reminder External Links Print Help

Provider Portal

ProviderOne ID/NPI : 2046664 / 1295835270 Name: Kim, David

Online Services

Claims

Claim Inquiry

Claim Adjustment/Void

On-line Claims Entry

On-line Batch Claims Submission (837)

Resubmit Denied/Voided Claim

Retrieve Saved Claims

Manage Templates

Create Claims from Saved Templates

Manage Batch Claim Submission

Client

Client Limit Inquiry

Benefit Inquiry

Payments

View Payment

View Capitation Payment

Managed Care

View Enrollment Roster

View ETRR

Prior Authorization

On-line Prior Authorization Submission

Prior Authorization Inquiry

Prior Authorization Adjustment

My Reminders

Filter By: Read Status

Alert Type Alert Message Alert Date Due Date Read

No Records Found!

Your Recent Online Activities

You have logged in with mdrmba Account with IP Address 67.168.121.145

Previous Site Visit: 12/09/2015 02:00:14 PM

Last Login Password Change: 11/23/2015 09:09:40 AM

Last login failed attempt: null

Calendar

14:05

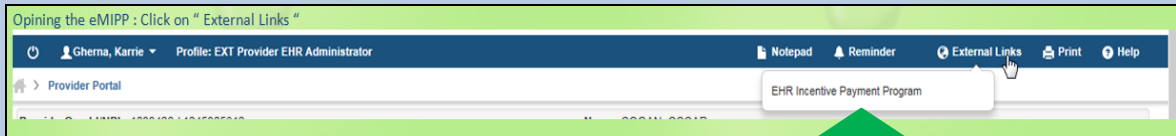
9 December 2015 Wednesday

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

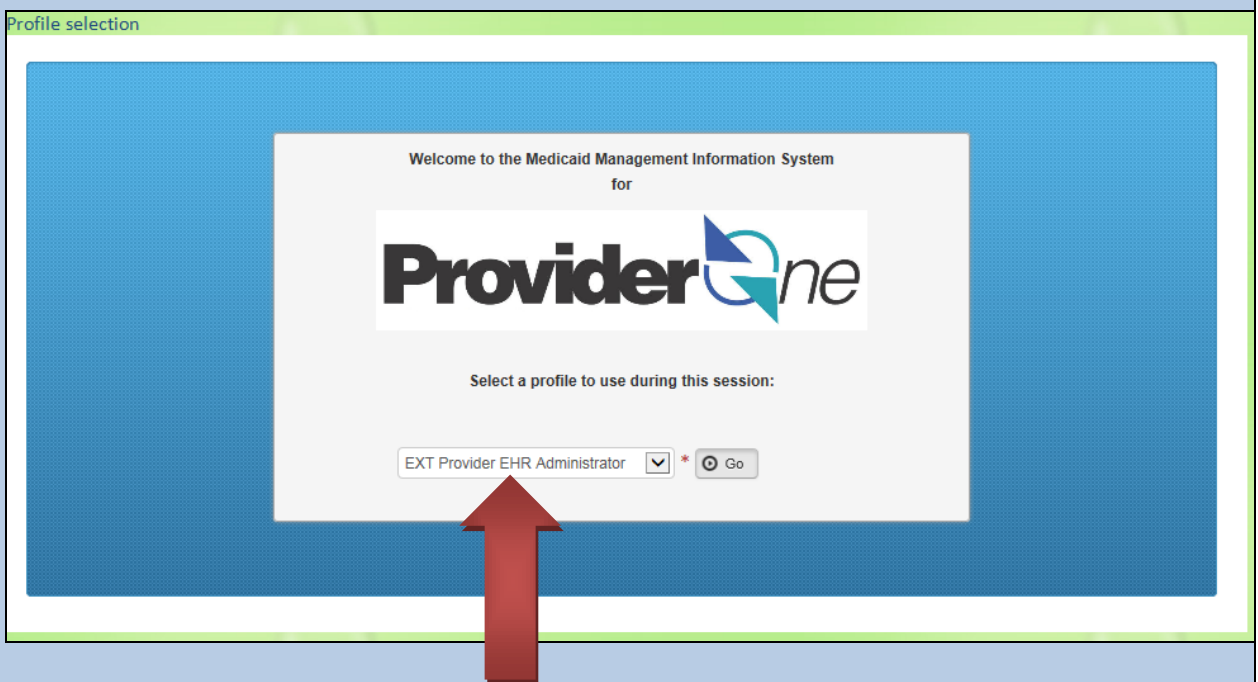
Today

Page ID: pgProviderPortal(Provider) Environment: ecams ID: app01_81 Server Time: 12/09/2015 02:02:55 PDT

Click on **EHR Incentive Payment Program** from the drop-down

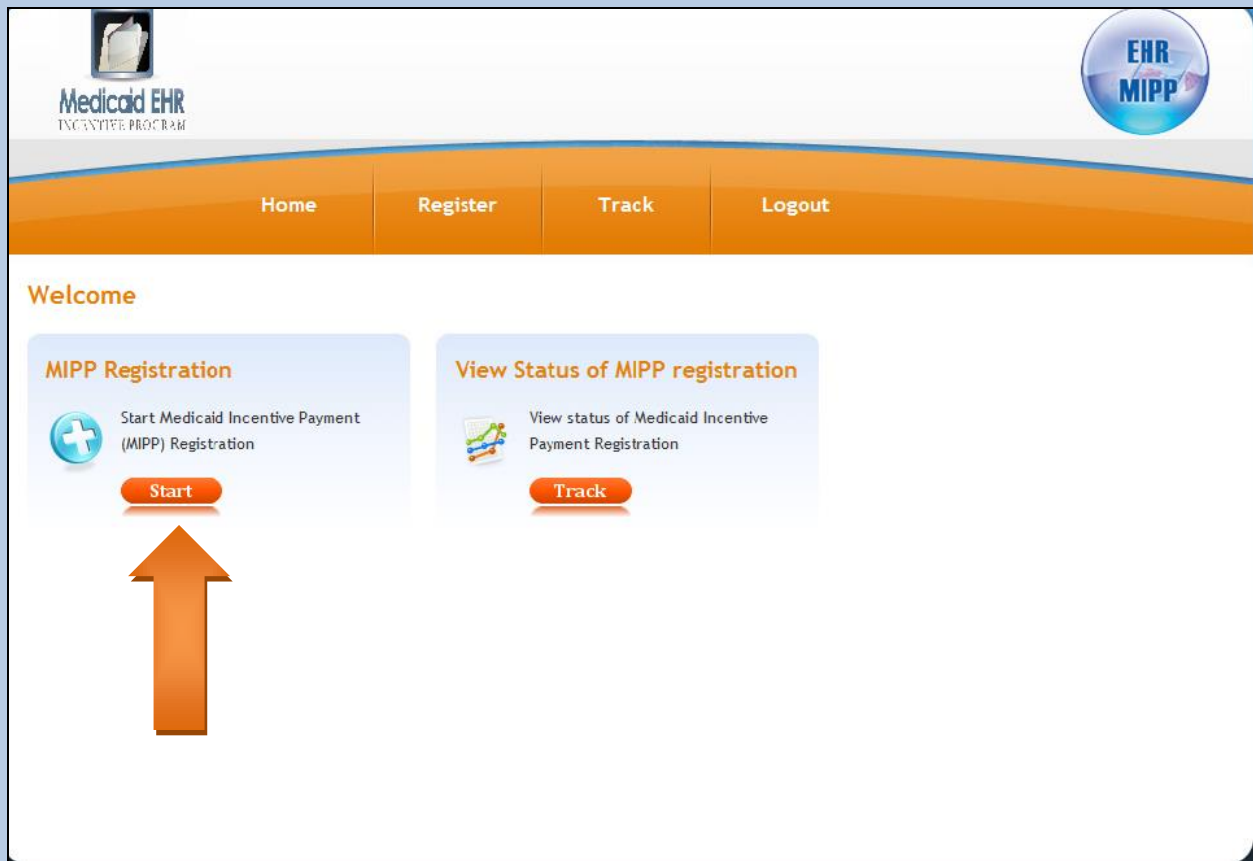


Selecting a Profile:



- Select **EXT Provider EHR Administrator**
- Click **Go**

BEGINNING THE ATTESTATION:



At the EHR MIPP (eMIPP) welcome screen, click on

Start

Enter your Registration ID:

Medicaid EHR
INCENTIVE PROGRAM

EHR
MIPP

Home Register Track Logout

Find Registration
Enter your CMS Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process.

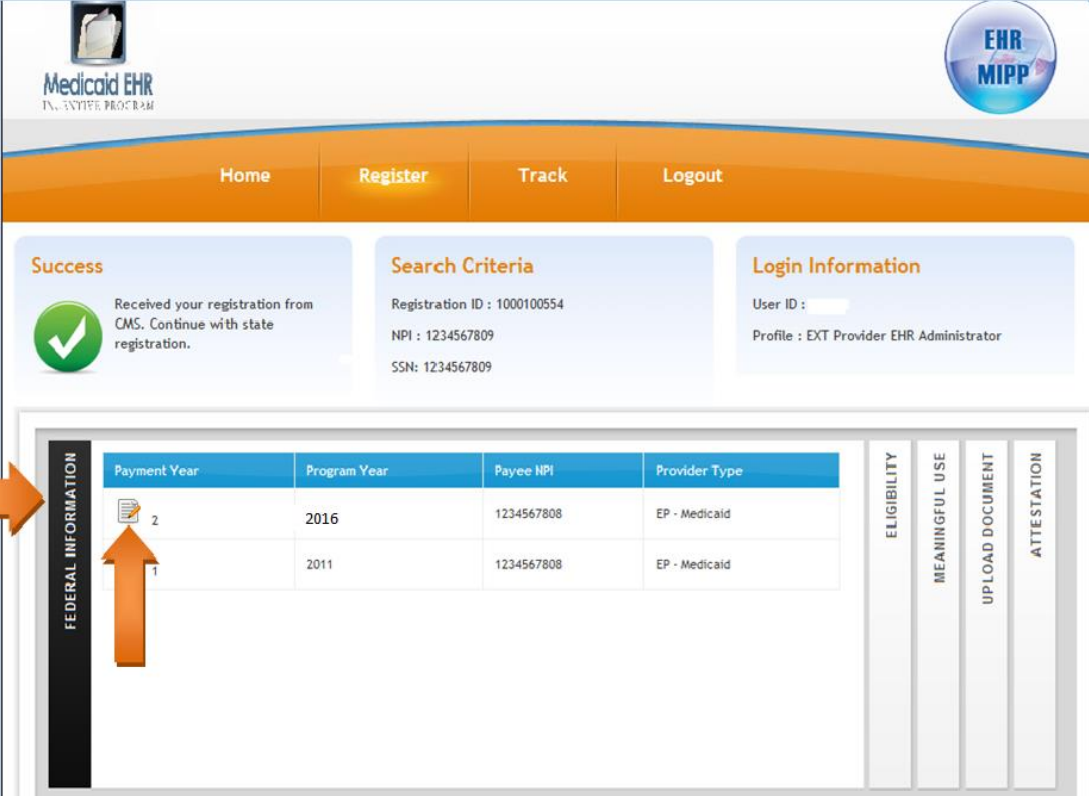
Enter CMS Registration ID: **Search**

- Enter the CMS Registration ID (aka NLR Number)
- Click **Search**

(see next page)

FEDERAL INFORMATION TAB:

- Select the **Federal Information Tab**
- Click on correct **"Payment Year"** Icon



The screenshot displays the Medicaid EHR TN - EXTIVE PROGRAM interface. At the top, there is a navigation bar with links for Home, Register, Track, and Logout. Below this, there are three main sections: Success, Search Criteria, and Login Information.

Success: Received your registration from CMS. Continue with state registration.

Search Criteria: Registration ID : 1000100554, NPI : 1234567809, SSN: 1234567809.

Login Information: User ID : , Profile : EXT Provider EHR Administrator.

The **FEDERAL INFORMATION** tab is selected, showing a table with the following data:

Payment Year	Program Year	Payee NPI	Provider Type
2	2016	1234567808	EP - Medicaid
1	2011	1234567808	EP - Medicaid

Two orange arrows point to the "Payment Year" column, specifically highlighting the values 2 and 1.

On the right side of the interface, there are four vertical tabs: ELIGIBILITY, MEANINGFUL USE, UPLOAD DOCUMENT, and ATTESTATION.

Review the **Federal Information** that CMS populated from your Registration.
If all is correct, then click on **CLOSE**.

Federal Information

Please validate your Federal information. If the information is incorrect contact CMS.

Personal Information

First Name : EP
Middle Initial : Prof
Last Name : Test
Suffix :
Provider Type : Physician
Provider Specialty : GENERAL PRACTICE

Address

Address : 0000 ABC st
City : Test
State : WA
Zip : 12345-1510
Phone : (111) 111-1111
Ext :
E-mail : test@test.com

Identifiers

The Payee NPI captured below will receive the EHR incentive payment.

Payee NPI : 1234567808
Payee SSN : 1234567809

Exclusions

Code	Description	Date
No Exclusions Found.		

Close

NOTE: To update CMS federal information on this tab, you must return to the CMS registration. Please, also make sure your email address is correct as that email will be receiving all EHR communications concerning the attestation. **Tool Tip:** It is suggested that you use a “generic” email (as opposed to an email with a person’s name in it). This will be to your advantage if you have different staff that could be working on this project. We can only communicate with the email address showing on this tab.

ELIGIBILITY TAB:

Medicaid EHR INCENTIVE PROGRAM

EHR MIPP

Home Register Track Logout

Success
Received your registration from CMS. Continue with state registration.

Search Criteria
Registration ID : 1000138351
NPI : 1234567808
Tax ID: 1234567808

Login Information
User ID :
Profile : EXT Provider EHR Administrator

Payment Year	Program Year	Certification Number	EHR Status
2	2016	30000001SVDWEAC	Meaningful Use
	2011	30000001SVDWEAC	Upgrade Meaningful Use

MEANINGFUL USE
UPLOAD DOCUMENT
ATTESTATION

- Click on the **Eligibility Tab**
- Click on the icon for the correct **Payment Year** icon

Fill out Eligibility Tab:

Eligibility Information

Providers must upload an Excel document containing their Medicaid eligibility encounters prior to attestation. The uploaded information will be stored securely for retrieval by Review team members.

The document should include the following for each encounter:

- Servicing Provider NPI
- Date of Service
- Payer Name/Name of Insurance including Medicaid Secondary's
- Payer ID
- Patient last and first name

Identifying Information

Registration ID: 1000321291
Program Year: 2016

NPI: 1912081746
Payment Year: 4

Bold fields are required.

EHR Certification Information

EHR Status ? ☒ MU

EHR Certification Number ? A014E01F4H5EAB

Email ? hollye.givens@hca.wa.gov

Reporting Period

Patient volume reporting option ? ☐ Prior Calendar Year ☐ Prior Twelve Months

Start Date: ?

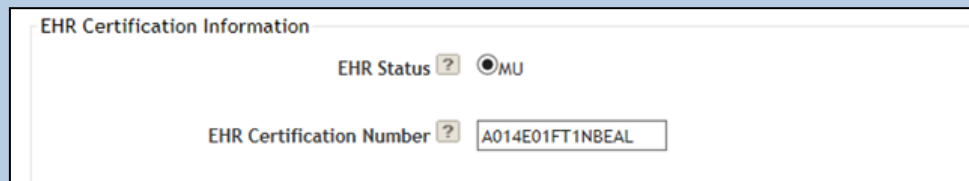
End Date: ?

Save
Cancel

Mandatory encounter report (sample below). Make sure to identify, clearly, the Medicaid and Managed Medicaid encounters.

(examples only)					
Patient Name	Date of Encounter	Primary Insurance Name	Primary Ins	Secondary Insurance Name	Provider's Name or NPI
Doe, John	1/1/2014	Aetna	12346789SBV	Uniform Medical	12345678901
Mae, Daisy	2/25/2014	Delta Dental	6541321654-1	Regence	65415853189
Dog, Lucky	2/1/2014	Uniform Medical	36543213586	Aetna	65421598560
Devil, Cruella	2/2/2014	Medicaid- FFS	0000000000WA		95465165165
White, Snow	2/3/2014	MOLINA - HEALTHY OPTIONS (MEDICAID HMO)	54321-2		Johnstone
Pants, Grumpy	2/4/2014	Medicaid- FFS	0000000002WA		Everly
Doolittle, Eliza	2/5/2014	UNIFORM MEDICAL	65468756-02	Medicaid- FFS	Dickinson
Jeans, Green	2/6/2014	AMERIGROUP-WA - HEALTHY OPTIONS (MEDICAID HMO)	32165462-01		Johnstone
Stressed, R. U.	1/1/2014	CHPW- HEALTHY OPTIONS (MEDICAID HMO)	6546156685-01		Johnstone
Potter, Harry	1/2/2014	MOLINA-WA - HEALTHY OPTIONS (MEDICAID HMO)	6546156674		Everly
Orphan, Annie	1/3/2014	MEDICARE	715615643	Medicaid- FFS	Johnstone
Bond, James	1/4/2014	Medicaid- FFS	0000000001WA		Dickinson

Choose the EHR Status you want. For 2015-2016 you will see Adopt, Implement or Update as an option (AIU) as well. For subsequent year there will only be MU.



EHR CERTIFICATION INFORMATION:

This will populate from the CMS Registration information you entered. You must update it, if needed, in the CMS registration.

In 2015-2016 your EHR system must be a 2014 edition. If your ONC# does not have **14E** as the 3rd – 5th digit, then you have not entered a 2014 ONC #. Contact your EHR vendor if you need assistance.

The EHR Certification Number will be auto populated with the information entered at CMS. If it is not showing, you can enter it directly in this attestation. If a correction needs to be made to the number you entered in your CMS Registration it must be corrected in that registration, not in eMIPP.

NOTE: You must upload a copy of your ONC Certificate from the ONC Website: <http://oncchpl.force.com/ehrcert>

ONC WEBSITE INSTRUCTIONS

If you have a CHPL number you can enter that and pick your product easier. If not, follow the instructions below:

Look up the product by name (not number). Go To search and put a check next to your version number once the list comes up (look for "complete EHR" under classification if there are more than one. Select the VIEW PROGRESS button on the top left. Under the 4 colored circles (should have 100% in 3 of them), Select GET CERTIFICATION ID. Hit PRINT. From there you can save it on your computer and upload into the attestations.

If you have a combination of products you will need to enter each product. For assistance, please contact your EHR vendor.

Make sure the number on the certificate is the same number in the EHR Certification Number field in eMIPP.

CLICK ON THE SAVE BUTTON WHEN COMPLETED.

REPORTING PERIOD:

Prior Calendar Year vs Prior Twelve Months (example is for year 2015)

The image displays two screenshots of a web form titled "Reporting Period".

Top Screenshot:

- Section: Reporting Period
- Patient volume reporting option: ☒ Prior Calendar Year, ☐ Prior Twelve Months
- Start Date: (An orange arrow points to this field with the text "mm/dd/yyyy")
- End Date:

Bottom Screenshot:


- Section: Reporting Period
- Patient volume reporting option: ☐ Prior Calendar Year, ☒ Prior Twelve Months
- Start Date: (An orange arrow points to this field with the text "mm/dd/yyyy")
- End Date:


- **Patient Volume** reporting option. Prior Calendar Year or Prior 12-Months. NOTE: you will receive an error if you pick "prior calendar year" and try to enter dates from the current year.
- **Start Date:** Enter the beginning date of your 90-day date span (mm/dd/yyyy)
- **End Date:** Will auto-populate once you hit Enter or Tab


ELIGIBLE PATIENT VOLUME SECTION


Eligible Patient Volume


Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.


Include Organization Encounters  ☐ Yes ☐ No


Practice as a Pediatrician  ☐ Yes ☐ No

Practice as a Physician Assistant  ☐ Yes ☐ No

Hospital Based Encounters  ☐ Yes ☐ No

Render care in FQHC/RHC  ☐ Yes ☐ No

Did you include no-cost encounters?  ☐ Yes ☐ No


Include encounters outside WA  ☐ Yes ☐ No

Answer each question by choosing the **Yes** or **No** radio button. In some cases an extra box will require more information.


No = applying with individual encounters.

Yes = applying with the Group Proxy method. Form will expand and ask for more information.

See below for details on each button:

Tool Tip: Hovering over the  will show a box with more detailed information:

Include Organizational Encounters:

Include Organization Encounters  ☒ Yes ☐ No

Organization NPI

Organization:

From the drop-down, pick the Organizational NPI you want to use. (If you do “not” see the NPI you want to use, that means that this provider needs to be added as a “servicing provider” under that Group’s NPI in ProviderOne.)

Practice as a Pediatrician:**Practice as a Pediatrician? YES or NO**

Practice as a Pediatrician	<input type="radio"/> ? <input type="radio"/> Yes <input type="radio"/> No
Practice as a Physician Assistant	MD, OP, ARNP OR qualifying PA that is 1) pediatric board certified 2) completed pediatric residency OR 3) pediatric patients (0-18) are more than 50% of total encounters.
Hospital Based Encounters	
Practice as a FQHC/RHC	




Practice as a Physician Assistant:

If yes, the form will expand and ask for more information. Choose “how” the PA Qualifies. **Note:** We will also require a letter, on letterhead and signed by the Medical Director, explaining why the PA meets the criteria. If you check “None of the Above”, the PA is not eligible.

Practice as a Physician Assistant	<input type="radio"/> ? <input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Primary Provider at FQHC/RHC <input type="checkbox"/> Practices at a facility that has PA leadership <input type="checkbox"/> An Owner at RHC <input type="checkbox"/> None of the above	


Hospital Based Provider:

Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital inpatient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital), and 23 (Emergency Department) are included. When you select “Yes,” an additional question will appear asking for the numbers of encounters in the hospital settings.

Hospital Based Encounters 		<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total Inpatient and ER Encounters:	<input type="text"/>		
Total Encounters All Locations:	<input type="text"/>		

NOTE: Hospital Based Providers are NOT eligible for the EHR Incentive if 90% or more of their encounters are in POS 21 or 23 (Inpatient or Emergency Room).

If you are using Group Proxy you will see this information in a pop-up box on your first application: Tool Tip: It is important to note which EP you attest for first. If we reject anyone in your group for Patient Volume reasons, you have to correct/re-submit this one first. This EP is like an “anchor” that the other group members are attached to and pull their information from.


Group Details Verified
✕

You are the first provider to submit the eligibility details within this group. Once saved, only you will be able to edit the group eligibility details. If you would like to continue, click OK., If not, click Cancel.

If any provider in this group later submits their attestation, the group eligibility data will be read-only for all the providers in the group.

Clicking Cancel would clear your group selection.

OK
Cancel

Render Care in FQHC /RHC? If yes, the form will expand and allow you to enter more information AFTER you answer the “Include MCO Panel” question:

Render care in FQHC/RHC ☐ ? ☒ Yes ☐ No

Include MCO panel ☐ ? ☐ Yes ☒ No

FQHC/RHC Encounters

Total Encounters: ?

Medicaid Encounters: ?

CHIP Encounters: ?

Charity Care Encounters: ?

Sliding Fee Scale Encounters: ?

All Other Settings Encounters

Total Encounters: ?

Medicaid Encounters: ?

NOTE: If you are applying as a FQHC/RHC and you qualify by using the Medicaid Encounters only, it is optional to fill out the other encounter criteria (CHIP, CHARITY CARE OR SLIDING FEE SCALE).

If you must use the Medically Needy encounters (including MEDICAID, CHIP, CHARITY CARE and SLIDING FEE SCALE) to meet the Patient Volume, the EP must have practiced predominantly in any FQHC/RHC in a continuous 6 month period in the previous calendar year or previous 12 months.

Definitions of encounter types:

Total Encounters: Total encounters (paid or unpaid) for the provider (if applying as an individual) or for the entire group (not just eligible providers). If you have bundled charges or bill for on one claims (such as an OB-GYN provider), then count “all” of the encounters not just the one claim.

Medicaid Encounters: Total Medicaid client encounters (paid or unpaid) for the provider (if applying as an individual) or for the entire group (not just eligible providers). If you have bundled charges or bill for on one claims (such as an OB-GYN provider), then count “all” of the encounters not just the one claim. Medicaid client claims should include any encounters where the client is Medicaid eligible and/or Medicaid pays all or part of premiums or co- pays. (This “excludes” CHIP encounters, see below).

CHIP: Washington Medicaid’s CHIP program is a “stand-alone”, Title XXI, and must be separated from Medicaid Encounters (**click on the Worksheet below for tools to remove**

stand-alone encounters if your system does not separate them out).
[Patient Volume Worksheet](#)

CHARITY CARE: An advance, written agreement that services are at no cost due to income limitations. Uncollectable debt is not charity care.

SLIDING FEE SCALE: An advance, written agreement, that services are at reduced cost due to income limitations. Uncollectable debt is not sliding fee scale.

All Other Settings Encounters: Say yes “only” if you are including encounters from other clinics or locations outside your group or practice. It is not necessary to do so, it is a business decision.

Include MCO (Managed Care Organization) Panel? If you selected NO for “include organization encounters”, the form will expand and ask for “optional” MCO information for the EP. If you answer YES, you will get a pop-up window to enter your data. MCO panels are only for Primary Care Physicians that have patients assigned to them as a PCP. The encounters in this section are not total group encounters, but individual only.

Managed Care PCP Panel	
Total Panel:	<input type="text"/> ?
Eligible Patient Panel:	<input type="text"/> ?

Total Panel:

The total number of MCO members assigned to you who did not have any encounters during the reporting period but have been seen at least once in the twenty-four (24) months prior to the reporting period.

Eligible Patient Panel:

The total number of Medicaid MCO members assigned to you who did not have any encounters during the reporting period but have been seen at least once in the twenty-four (24) months prior to the reporting period.

Did you include no-cost encounters:

Did you include no-cost encounters? ? <input checked="" type="radio"/> Yes <input type="radio"/> No
No Cost Encounters
No Cost Encounters are those eligible encounters that Medicaid did not pay for, or for which there was a zero payment.

Did you include no-cost encounters? Yes or No

NOTE: This is informational only, and does not affect the patient volume.

Include encounters outside WA:

Include encounters outside WA ? <input checked="" type="radio"/> Yes <input type="radio"/> No
State(s)
If you included encounters provided outside the state of Washington please indicate in what states.

If yes, the form will expand and ask for more information (this is optional).

Type in the state(s) where the encounters occurred.


(Continued on next page)

MEANINGFUL USE TAB: (This tab will not be visible if you are in your first year and you choose Adopt, Implement or Update. Skip to the Upload Documentation Tab section.)

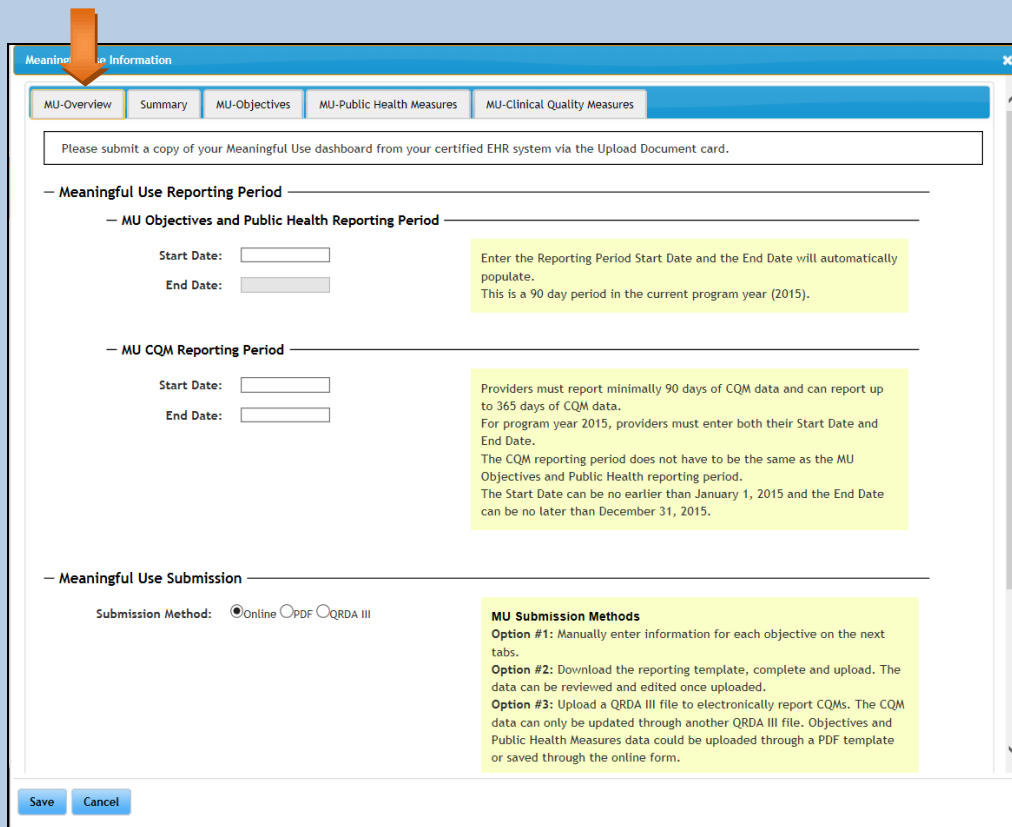
Meaningful Use Reporting Period:

Click on the Meaningful Use Tab (Tab will not be present for AIU attestations- skip section). Click on the most recent year's icon:

The screenshot displays the 'MEANINGFUL USE' reporting period interface. On the left, a vertical sidebar contains tabs: 'FEDERAL INFORMATION', 'SECURITY', and 'MEANINGFUL USE'. The 'MEANINGFUL USE' tab is selected and highlighted. To the right of the sidebar is a table with the following columns: 'Year', 'Program Year', 'Start Date', 'End Date', 'Core / Objectives', 'Menu / PH', and 'CQM'. The first row of the table contains a document icon with the number '2' in the 'Year' column, '2015' in the 'Program Year' column, and 'Incomplete' in the 'Core / Objectives', 'Menu / PH', and 'CQM' columns. An orange arrow points to the 'MEANINGFUL USE' tab, and another orange arrow points to the document icon in the first row. On the far right, there are two vertical tabs: 'UPLOAD DOCUMENT' and 'ATTESTATION'.

Year	Program Year	Start Date	End Date	Core / Objectives	Menu / PH	CQM
 2	2015			Incomplete	Incomplete	Incomplete

The MU-Overview tab will show first.



The screenshot shows a web application window titled "Meaningful Use Information". It has a tabbed interface with five tabs: "MU-Overview", "Summary", "MU-Objectives", "MU-Public Health Measures", and "MU-Clinical Quality Measures". The "MU-Overview" tab is selected and highlighted in blue. An orange arrow points to this tab. Below the tabs, there is a text box that says "Please submit a copy of your Meaningful Use dashboard from your certified EHR system via the Upload Document card." Below this, there are three sections: "Meaningful Use Reporting Period", "MU Objectives and Public Health Reporting Period", and "MU CQM Reporting Period". Each section has "Start Date" and "End Date" input fields. To the right of these fields are yellow informational boxes. The "MU Objectives and Public Health Reporting Period" box states: "Enter the Reporting Period Start Date and the End Date will automatically populate. This is a 90 day period in the current program year (2015)." The "MU CQM Reporting Period" box states: "Providers must report minimally 90 days of CQM data and can report up to 365 days of CQM data. For program year 2015, providers must enter both their Start Date and End Date. The CQM reporting period does not have to be the same as the MU Objectives and Public Health reporting period. The Start Date can be no earlier than January 1, 2015 and the End Date can be no later than December 31, 2015." Below these sections is a "Meaningful Use Submission" section with a "Submission Method" dropdown menu showing "Online" selected, and "PDF" and "QRDA III" as options. To the right of this is a yellow box titled "MU Submission Methods" with three options: "Option #1: Manually enter information for each objective on the next tabs.", "Option #2: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.", and "Option #3: Upload a QRDA III file to electronically report CQMs. The CQM data can only be updated through another QRDA III file. Objectives and Public Health Measures data could be uploaded through a PDF template or saved through the online form." At the bottom left of the form are "Save" and "Cancel" buttons.

Enter your start date for Public Health Reporting (mm/dd/yyyy).

Enter start date AND end date for the CQM reporting period for program year 2015 only. For 2016 you must start with 1/1/16 and it will populate the end date at the end of the year (365 day reporting).

Providers must report minimally 90 days of CQM data and can report up to 365 days of CQM data.
For program year 2015, providers must enter both their Start Date and End Date.
The CQM reporting period does not have to be the same as the MU Objectives and Public Health reporting period.
The Start Date can be no earlier than January 1, 2015 and the End Date can be no later than December 31, 2015.

Meaningful Use Submission:

Submission Method: ☒ Online ☐ PDF ☐ QRDA III

MU Submission Methods

Option #1: Manually enter information for each objective on the next tabs.

Option #2: Download the reporting template, complete and upload. The data can be reviewed and edited once uploaded.

Option #3: Upload a QRDA III file to electronically report CQMs. The CQM data can only be updated through another QRDA III file. Objectives and Public Health Measures data could be uploaded through a PDF template or saved through the online form.

The bottom of this tab shows your status. A checked box will show if you have completed a section.

— Meaningful Use Reporting Completion —

Checklist

- ☐ MU Objectives Complete
- ☐ MU Public Health Measures Complete
- ☐ MU CQM Measures Complete

Check

When each component of meaningful use reporting is complete, the system will check the corresponding checkbox. Click on the **Save** button to save the data.

Helpful Tip: For on-line submissions: Complete and do not hit save at this time unless you wish to save this information and go back to it later. If you wish to continue, scroll to the top and click on the tab MU-Objectives:



MU-Overview	Summary	MU-Objectives	MU-Public Health Measures	MU-Clinical Quality Measures																		
Meaningful Use Objectives <ul style="list-style-type: none"> EPs must complete all 9 Meaningful Use Objectives. An EP scheduled to demonstrate Stage 1 in 2015 may report alternate measures on Objectives 2, 3 and 4. <div style="text-align: right;"> ❌ Objective Not Completed Yet ✅ Objective Completed </div> <table border="1"> <tbody> <tr> <td>▶ Objective 1 : Protect Patient Health Information</td> <td>❌</td> </tr> <tr> <td>▶ Objective 2 : Clinical Decision Support</td> <td>❌</td> </tr> <tr> <td>▶ Objective 3 : Computerized Provider Order Entry (CPOE)</td> <td>❌</td> </tr> <tr> <td>▶ Objective 4 : Electronic Prescribing</td> <td>❌</td> </tr> <tr> <td>▶ Objective 5 : Health Information Exchange</td> <td>❌</td> </tr> <tr> <td>▶ Objective 6 : Patient-Specific Education</td> <td>❌</td> </tr> <tr> <td>▶ Objective 7 : Medication Reconciliation</td> <td>❌</td> </tr> <tr> <td>▶ Objective 8 : Patient Electronic Access</td> <td>❌</td> </tr> <tr> <td>▶ Objective 9 : Secure Electronic Messaging</td> <td>❌</td> </tr> </tbody> </table>					▶ Objective 1 : Protect Patient Health Information	❌	▶ Objective 2 : Clinical Decision Support	❌	▶ Objective 3 : Computerized Provider Order Entry (CPOE)	❌	▶ Objective 4 : Electronic Prescribing	❌	▶ Objective 5 : Health Information Exchange	❌	▶ Objective 6 : Patient-Specific Education	❌	▶ Objective 7 : Medication Reconciliation	❌	▶ Objective 8 : Patient Electronic Access	❌	▶ Objective 9 : Secure Electronic Messaging	❌
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▶ Objective 9 : Secure Electronic Messaging	❌																					

Click on each carrot to open the objective. Answer or exclude to each measure within the objectives. Alternate exclusions are for providers in 2015 ONLY, that had gathered information to attest to Stage 1 (Modified Stage 2). For 2016-2017 program years, these will not be an option.

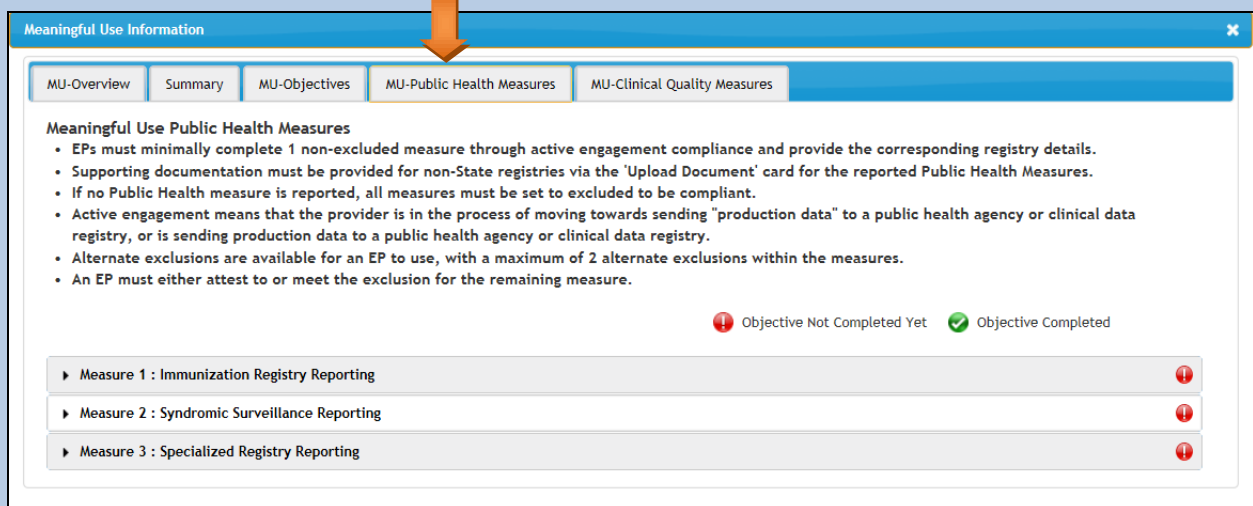
**You will required to provide documentation on 3 Objectives;
1, 6 and 8.**

See White Paper #9 for details on our website for details.

Once complete, scroll to the top and click on the MU-Public Health Measures tab, or click to save your answers and go back to it later.

Save

MU-Public Health Measures:



Meaningful Use Information

MU-Overview Summary MU-Objectives **MU-Public Health Measures** MU-Clinical Quality Measures

Meaningful Use Public Health Measures

- EPs must minimally complete 1 non-excluded measure through active engagement compliance and provide the corresponding registry details.
- Supporting documentation must be provided for non-State registries via the 'Upload Document' card for the reported Public Health Measures.
- If no Public Health measure is reported, all measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.
- Alternate exclusions are available for an EP to use, with a maximum of 2 alternate exclusions within the measures.
- An EP must either attest to or meet the exclusion for the remaining measure.

❗ Objective Not Completed Yet ✅ Objective Completed

▶ Measure 1 : Immunization Registry Reporting ❗

▶ Measure 2 : Syndromic Surveillance Reporting ❗

▶ Measure 3 : Specialized Registry Reporting ❗

Click on carrot next to each measure and respond to each.

Scroll to the top and click on tab MU-Clinical Quality Measures, or hit

Save

to continue later.

MU-Clinical Quality Measures

Meaningful Use Information

MU-Overview Summary MU-Objectives MU-Public Health Measures MU-Clinical Quality Measures

Meaningful Use Clinical Quality Measures

- Providers must respond to 9 measures across 3 domains.
- When reporting as a group practice, EPs must report all available CQMs.

❗ Objective Not Completed Yet ✅ Objective Completed

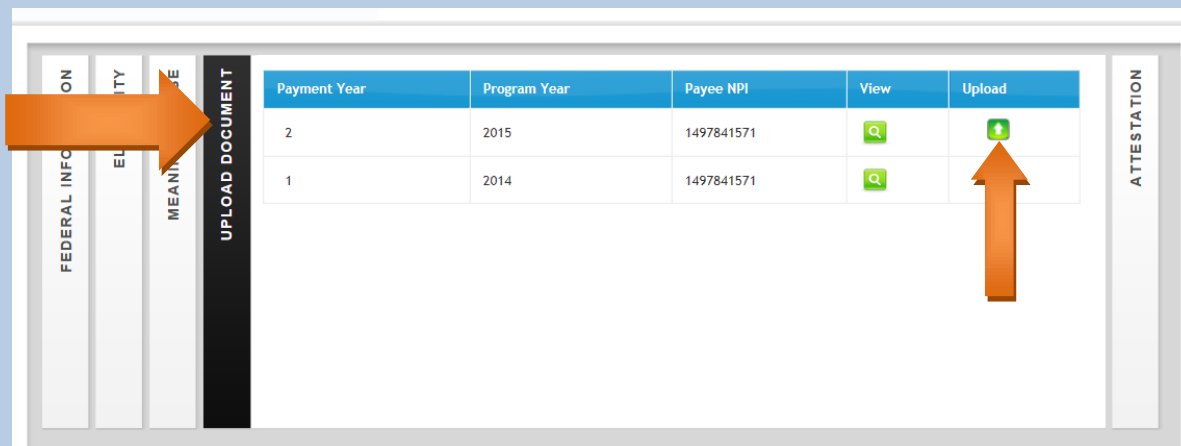
- Domain 1 - Patient and Family Engagement
- Domain 2 - Patient Safety
- Domain 3 - Care Coordination
- Domain 4 - Population and Public Health
- Domain 5 - Efficient Use of Healthcare Resources
- Domain 6 - Clinical Process/Effectiveness

There are 6 “Domains”. You only need to respond to 9 measures, but they must be across “at least” 3 Domains. Exclusions count as a “reponse”.

HIT  **OR YOU WILL LOOSE YOUR WORK**

You can click on the Summary Tab to get a quick view of your responses.

UPLOAD DOCUMENT TAB:



There will be documentation you will be requested to upload into your application at times. Some of these items may be proof that you have access to a complete EHR, an ONC Certificate, letters, reports; etc. We will send an email to the contact email address (on the Federal Information Tab) requesting items we may need you to upload. The document types the system will accept are: .txt, .doc, .docx, .pdf, .xls, and .xlsx

- Click on the **Upload Icon** for the corresponding year
- Click on the **BROWSE** button
- Select the document from your files located on your desktop or laptop computer to upload
- Select the **File Type** from the drop-down
- Type in a file description
- Click the **UPLOAD** button.

See next page...

Click on Browse to select document to upload.

Use Drop-down to pick File Type:

Upload Document

Please select document to upload, select document type, add a descriptive comment and click on "Upload"

[Click Browse to Upload File](#)

File Name: *

File Type: * ---SELECT---

- Attestation Summary Report
- Contract Documents
- Documents supporting Cost reports
- Documents supporting Invoice
- Documents supporting Patient Volume
- Documents supporting Purchase Order
- Documents supporting Receipts
- Encounter Information
- Lease Documents
- License Documents
- MU Dashboard
- Other Supporting Documents
- Public Health - Immunization
- Public Health - Specialized Registry
- Public Health - Syndromic

File Description: *

Enter information in the File Description box, Click on UPLOAD

Upload Document

Please select document to upload, select document type, add a descriptive comment and click on "Upload"

[Click Browse to Upload File](#)

File Name: *

File Type: * Other Supporting Documents

File Description: *


enter brief description here

Tool Tip: System required documents are MU Dashboard and Encounter Information. We also require an invoice or proof of payment dated in your program year and a copy of your ONC Certificate showing the number on your eligibility tab for your EHR. Any other needed documents will be requested after your attestation has been reviewed.

ATTESTATION TAB:

Click on the attestation tab to the right.

FEDERAL INFORMATION	ELIGIBILITY	MEANINGFUL USE	UPLOAD DOCUMENT	<table border="1"> <thead> <tr> <th>Payment Year</th> <th>Program Year</th> <th>Payee NPI</th> <th>View</th> <th>Upload</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>2014</td> <td>1538152269</td> <td></td> <td></td> </tr> </tbody> </table>	Payment Year	Program Year	Payee NPI	View	Upload	2	2014	1538152269			ATTESTATION
Payment Year	Program Year	Payee NPI	View	Upload											
2	2014	1538152269													



By clicking on the Print Preview button, you can read the Attestation document in a larger window. Print a copy of this Attestation for each Eligible Professional to sign and date for your records. Hit the “close” button to return to the application page.

FEDERAL INFORMATION	ELIGIBILITY	MEANINGFUL USE	UPLOAD DOCUMENT	ATTESTATION
---------------------	-------------	----------------	-----------------	-------------

NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28, 2010. The regulations implement the HITECH Act, part of the American Recovery


Signature

This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.

☐ I accept the terms and conditions

[Register](#)



VIEW OF ATTESTATION DOCUMENT:

NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28, 2010. The regulations implement the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5). To comply with the above cited regulations, the State of Washington requires that eligible professionals (EPs) and hospitals submit this Attestation.

Signature

This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.
2. That the State can review, Verify and/or audit all information provided by the EP or hospital, both prior to and after payment has been made.
3. That the State can request AIU and/or MU supporting information not provided as part of the Washington Medicaid EHR registration, and can review, verify and/or audit both prior to and after payment has been made.
4. That the EP or hospital is required to retain the documentation that verifies patient volume calculations, AIU, MU, and any other information that validates the appropriateness of the EHR incentive payments received, and do so for 6 years from the date of the final payment.
5. That the submission of any false information in this agreement or this process may result in the EP or hospital being declared ineligible to participate in the Washington State Medicaid EHR Incentive Program.
6. That any incentive payments paid to the EP or hospital, later found to have been made based on fraudulent or inaccurate information or attestation, may be recouped by the state.
7. That the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This Attestation also certifies that the following is true and understood:

1. This EP or hospital is voluntarily participating in the Washington State Medicaid EHR Incentive Program.
2. The EHR certification number provided is the correct number, and accurately represents the certified EHR system or combination of certified EHR modules adopted and/or in use by this EP, group practice, or hospital.
3. Any reassignment of an EHR incentive payment is made voluntarily, and with the full understanding that this means the reassigning EP or hospital will not receive the incentive payment directly.
4. The person completing this electronic attestation is the EP, or the representative of the EP, group practice or hospital, who has been duly authorized to commit the EP or hospital to the statements set forth in this attestation.

I CERTIFY THAT the information provided in this attestation and during the registration process, as well as in the documents submitted in support of registration, are true, accurate and complete. I have read and understood the entire attestation. I understand that any Medicaid EHR incentive payment made, in part, or wholly as a result of this attestation will be from federal funds, and that falsification, or concealment of material facts may be prosecuted under federal and state laws.

Name : _____
Signature: _____
Date : _____

 PRINT

Close

Attest and Submit:

NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28, 2010. The regulations implement the HITECH Act, part of the American Recovery

Signature

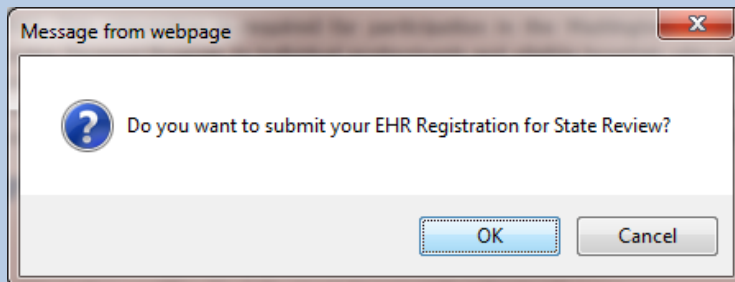
This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.

☐ I accept the terms and conditions

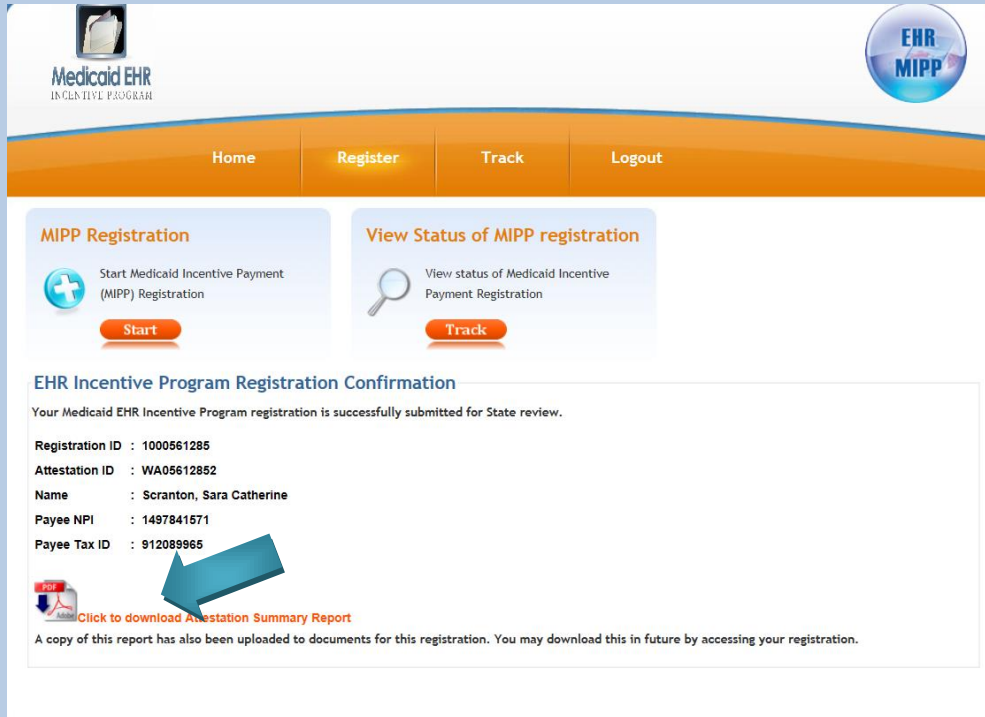
Register

- Click on '**I ACCEPT THE TERMS AND CONDITIONS**'
- Click on "**REGISTER**" button
- Click the **OK** button on the pop-up box:



View your confirmation page.

You will receive an automated email from the Washington State EHR Incentive Program



Medicaid EHR INCENTIVE PROGRAM

EHR MIPP

Home Register Track Logout

MIPP Registration

Start Medicaid Incentive Payment (MIPP) Registration

Start

View Status of MIPP registration


View status of Medicaid Incentive Payment Registration

Track


EHR Incentive Program Registration Confirmation

Your Medicaid EHR Incentive Program registration is successfully submitted for State review.

Registration ID : 1000561285
 Attestation ID : WA05612852
 Name : Scranton, Sara Catherine
 Payee NPI : 1497841571
 Payee Tax ID : 912089965

 [Click to download Attestation Summary Report](#)

A copy of this report has also been uploaded to documents for this registration. You may download this in future by accessing your registration.



eMIPP
Measuring EHR Incentive Payments Today
Measuring Meaningful Use For The Future

MU Attestation Summary

Provider Name	Sara Scranton	Attestation ID	WA05612852	Confirmation Number	1000561285
NPI	1164714630	Payment Year	2	Program Year	2015
Attestation Date	03/23/2016	Start Date	01/01/2015	End Date	03/31/2015

Meaningful Use Objectives								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Protect Patient Health Information	Y						✓
2.1	Clinical Decision Support	Y						✓
2.2	Clinical Decision Support	N						✗
3.1	Computerized Provider Order Entry (CPOE)		90	100			90	✓
3.2	Computerized Provider Order Entry (CPOE)		90	100			90	✓
3.3	Computerized Provider Order Entry (CPOE)		90	100			90	✓
4	Electronic Prescribing		90	100	N		90	✓
5	Health Information Exchange		90	100	N		90	✓
6	Patient-Specific Education		90	100	N		90	✓
7	Medication Reconciliation		90	100	N		90	✓
8.1	Patient Electronic Access		90	100	N		90	✓
8.2	Patient Electronic Access		90	100	N		90	✓
9	Secure Electronic Messaging	Y			N			✓
Meaningful Use Public Health Measures								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Immunization Registry Reporting	Y			N			✓
2	Syndromic Surveillance Reporting	Y			N			✓
3.1	Specialized Registry Reporting	Y			N			✓

Download Attestation Summary Report for review. If corrections need to be made, contact healthit@hca.wa.gov

When you are finished you can Log Out of eMIPP



GLOSSARY:

CHARITY CARE IN FQHC/RHC: Per CMS, Charity Care is defined as “part of uncompensated and indigent care. Uncompensated care does not include courtesy allowances or discounts given to patients.” [CMS Final Rule, p.144]. Charity care is defined as an inability of a patient to pay for medical care. In comparison, bad debt is an unwillingness of a patient to pay for medical care.

EHR: An electronic health record (EHR)—sometimes called an electronic medical record (EMR)—allows healthcare providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

EHR DOCUMENTATION: Documents showing a business connection with your EHR system. Documents might include an invoice, proof of payment or signed contract. We request 2 of the 3. It is helpful to upload a copy of your ONC Certification as well. Each year we will ask for verification dated within that year such as a “current invoice or proof of payment.” We will contact you if more information is needed. You will need to upload into each attestation.

FQHC/RHC: Federally Qualified Healthcare Center/ Rural Healthcare Clinic. When you are applying as a FQHC/RHC and you qualify by using the Medicaid Encounters only, it is “optional” to fill out the other encounter criteria (CHIP, Charity Care or Sliding Fee Scale). CHIP, sliding scale, free care only count toward threshold when working in RHC or FQHC. Tribes can also use the FQHC method.

NEEDY PATIENT VOLUME: When a FQHC/RHC must include encounters from Charity, Sliding Fee and CHIP to reach the 30% patient volume.

NO COST ENCOUNTERS: Encounters that were not paid (denied or zero-pay) for active Medicaid clients. Denials for no “Medicaid Eligibility” are not to be included. It is optional to use these encounters.

ONC NUMBER/CERTIFICATION: A list of certified EHR systems is available through the Office of the National Coordinator for Health Information Technology at:

<http://oncchpl.force.com/ehrcert/Search>

ORGANIZATION NPI: A valid NPI that your Servicing Provider has a business relationship with, that you use in the Eligibility Tab in order to use Group Proxy.

PA-LEAD CLINIC: To be eligible for WA State Medicaid EHR Incentive Program Physician Assistants (PAs) need to have at least 50% of encounters over 6-month period in the prior calendar years in FQHC/RHC setting. Also, PAs should provide verification of either working in PA-led setting or be the Primary Provider (or RHC owner). WA State will accept a signed and dated letter from clinic's Medical Director for the purposes of verification of PA-lead requirement.

PEDIATRICIAN DEFINITION: Washington state defines a "pediatrician" as: A "pediatrician" is an MD, ARNP, or PA (IF they practice in a FQHC or RHC that is led by a PA) who is either (1) board certified in pediatrics, (2) completed a pediatric residency, or (3) maintained a predominantly pediatric caseload in the 90-day period specified by the EP for purposes of calculating patient volume. This definition includes pediatric specialties like pediatric ophthalmology and pediatric cardiology.

PRACTICE PREDOMINANTLY (IN FQHC/RHC): The EP practiced more than 50% of the time in any FQHC/RHC, over a continuous 6-month period, in the previous calendar year or previous 12 months.

UNIQUE PATIENT (Meaningful Use Tab): If a patient is seen by an Eligible Professional more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period. If you are practicing at multiple locations, please verify that unique patients are only counted once.

HELPFUL HINTS:

90-DAY ATTESTATION DEADLINE: You have 90 days from the receipt of the letter to attest for WA State Medicaid EHR Incentive Program in state EHR Module (eMIPP). If you are beyond 90-days, go back to your CMS Registration, make any necessary changes and re-submit. This will start the 90-days over. Wait at least 24 hours before you attest in eMIPP.

CLAIMS BILLED THROUGH ANOTHER'S NPI: To be eligible for WA State Medicaid EHR Incentive program, an EP's Medicaid claim(s) have to be verifiable through the ProviderOne system (except for RSN and Take Charge only providers). If you do not bill WA State Medicaid with your own NPI or not enrolled in ProviderOne as a provider, please contact Provider Enrollment Services at: Phone: 1-800-562-3022 (Ext. 16137) or visit their website at:

<http://www.hca.wa.gov/medicaid/provider/Pages/newprovider.aspx>

EHR CERTIFICATION NUMBER (ONC NUMBER): Starting in 2014 you are required, to use a 2014 edition of your EHR system. You can identify a 2014 EHR Certification Number by the 3rd-5th digits. It will have "14E" as those numbers. Contact your vendor for assistance if you do not know where to location that number or if you are unsure you have a 2014 certified product. Starting 2017 it is an "option" to use a 2015 certified product.

ENROLLMENT TAB: Eligibility dates can be in the previous calendar year or the previous 12-months. If you use an Organization NPI and are using Group Proxy, that entire "group" must attest the same way. If you apply as individuals, that entire group must apply in that same way. You may "create" different group in your organization by location, specialty; etc, as long as it is a "logical" group.

ENROLLMENT YEARS (STAGES):

AIU (not considered a "stage," since it can be skipped and is only through Medicaid).

Year 1- 90 days of reporting.

Year 2 and beyond- For 2015 attestations you may use a 90-day reporting period. 2016 and forward you must attest and 365 days (whole calendar year).

FEDERAL INFORMATION TAB: Information comes from CMS, so changes/updates have to be made there. Make sure the contact information is current/correct. This is who we contact if there are questions and who the automated emails go to. The Payee NPI and Tax ID. The tax liability goes to the Payee NPI and cannot be changed once payment has been issued.

MENTAL HEALTH CLINIC THAT ONLY BILLS THROUGH THE RSN: Medicaid will accept a letter from the clinic, on letterhead, that confirms that the EP bills their Medicaid encounters to the RSN.

LOG ON ISSUES (Password/User ID/Missing Profile): Contact Security at: provideronesecurity@hca.wa.gov

TRACK vs. START: After you enter the Registration number, click on the orange **START** button. The TRACK button is only for checking status or uploading documents after you have submitted.

WHEN TO APPLY FOR THE NEXT PAYMENT YEAR: CMS drives the timing. When they determine it is time for you to apply for the next year they send an interface to us that updates your status in eMIPP. We then generate an email to the contact on the application letting them know it is time to apply. One more reason to keep your contact information updated at CMS.

CONTACT INFORMATION:

CMS CONTACTS:

CMS EHR CONTACT: 1-888-734-6433 (Option 1)

CMS SECURITY CONTACT: 1-866-484-8049 (Option 3) For questions about CMS logon.

HCA EHR Web Page: <http://www.hca.wa.gov/healthit>

ProviderOne Security: Provideronesecurity@hca.wa.gov

HCA EHR Contact: HealthIT@hca.wa.gov or 360-725-9989 to leave a message for our team.

CMS launched the eHealth webinar series to educate eligible professionals (EPs) about the eHealth programs and resources available. The PowerPoint presentations and recordings from past webinars can now be accessed on the Resources page of the **eHealth website**.

<http://www.cms.gov/eHealth/resources.html>

Scroll down to "**PAST WEBINARS.**" There will be many helpful webinars regarding the EHR Incentive Program and Meaningful Use.